

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only



COVER PAGE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

A Public Document

11 MAR 30 PM 12:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gaines Edward Moore

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

District 1

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/30/11
(month, day, year)

Signature



SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

► NAME OF SOURCE
Association of CA Life & Health Insurance Companies
 ADDRESS (Business Address Acceptable)
1201 K Street, Ste 1820, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents Health Companies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 10</u>	<u>\$ 162.65</u>	<u>Spouse Food/Beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Verification	
Print Name	<u>Edward "Ted" Gaines</u>
Office, Agency or Court	<u>California State Senate</u>
Statement Type	<input checked="" type="checkbox"/> 2010/2011 Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> _____ Annual <input type="checkbox"/> Candidate <small>(yr)</small>
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed	<u>03/30/2011</u> <small>(month day year)</small>
Signature	<u>(d)(5)</u>

Comments: _____

Please type or print in ink.

NAME OF FILER

EDWARD "TED" MOORE

(FIRST)

(MIDDLE)

Gaines

Edward "Ted"

Moore

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

District 1

Senator

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ **Assuming Office:** Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☒ **Schedule A-1 - Investments** - schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☒ **Schedule A-2 - Investments** - schedule attached

☒ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information contained herein and in any attached schedules is true and complete. I acknowledge this is a true and correct statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/2011

(month, day, year)

Signature

(d)(5)

ation contained

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Edward Gaines

<p>▶ NAME OF BUSINESS ENTITY Berkshire Hathaway</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Banking/Insurance/Food/Beverage/Carpet</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY Dodge & Cox Stock Fund</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Mutual Fund</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY Chevron Texaco</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Energy/Oil</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 07/27/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY Ford Motor Company</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY Automobiles</p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 07/27/10 ACQUIRED DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED</p>

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Edward Gaines</u>

1. BUSINESS ENTITY OR TRUST

Gaines Ranch

Name
P.O. Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Farming</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> _____ Other	
YOUR BUSINESS POSITION <u>Partner</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Diamond Walnut Foods

Sunsweet

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
--	--

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☒ Other Family
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Pointwest Insurance Associates

Name
865 Howe Avenue, Sacramento, CA 95825

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Insurance</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Other	
YOUR BUSINESS POSITION <u>Vice President</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Sunset View Cemetery Association, Rod Read & Sons

KLS Air Express, Inc

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED
--	--

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Edward M. "Ted" Gaines

Additional Information for the Schedule A-2
2010-2011

GAINES RANCH

ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

Loan: Harry T. and Mary Holgerson
Attention: Ernest Mertini
The Cannery Business Park
3301 C Street #100
Sacramento, CA 956816

ITEM #4

APN #

013-311-001-9
013-311-002-9
013-312-002-9
013-312-003-0
013-312-004-9
013-313-001-9
013-314-001-9
013-314-007-0

013-312-001-9
013-313-011-9
013-313-009-9
013-314-005-9
013-312-007-9
013-312-009-9
012-120-017-000

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Edward Gaines

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Pointwest Insurance Associates

ADDRESS (Business Address Acceptable)

865 Howe Avenue, Sacramento, CA 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

YOUR BUSINESS POSITION

Marketing Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income

- ☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

- ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income

- ☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

- ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name

EDWARD GAINES

► NAME OF SOURCE

Shingle Springs/CameronPark ChamberofCommerce

ADDRESS (Business Address Acceptable)

3300 Coach Lane, #B7, Cameron Park, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Businesses

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 10</u>	<u>\$ 70.00</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Ste 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents CA Tribes

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 10</u>	<u>\$ 92.62</u>	<u>Back to Session Bash</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA New Car Dealers Associations

ADDRESS (Business Address Acceptable)

1415 L Street, Ste 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Car Dealers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	<u>\$ 106.57</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Loomis Basin Chamber of Commerce

ADDRESS (Business Address Acceptable)

6090 Horseshoe Bar Road, Loomis, CA 95650

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Businesses

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 21 / 10</u>	<u>\$ 60.00</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Kaiser Foundation Health Plan

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 2030, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 10</u>	<u>\$ 60.00</u>	<u>Chamber Dinner</u>
<u>02 / 05 / 10</u>	<u>\$ 155.00</u>	<u>Chamber Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Building Industry Authority

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Building Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 05 / 10</u>	<u>\$ 79.55</u>	<u>Food & Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

Name

EDWARD GAINES

► NAME OF SOURCE

Ken Steers

ADDRESS (Business Address Acceptable)

4901 Trails End Road, Cameron Park, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 17 / 10</u>	<u>\$ 100.00</u>	<u>Fundraising Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CA Hospital Association

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Hospitals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 01 / 10</u>	<u>\$ 200.00</u>	<u>Ticket to Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Institute of Governmental Advocates

ADDRESS (Business Address Acceptable)

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 8,9 / 10</u>	<u>\$ 364.35</u>	<u>Food/Lodging*</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Exposition & State Fair

ADDRESS (Business Address Acceptable)

1600 Exposition Blvd, Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CA State Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 22 / 10</u>	<u>\$ 154.00</u>	<u>Tickets- Food, Parking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

El Dorado County Fair

ADDRESS (Business Address Acceptable)

100 Placerville Dr, Placerville, CA 95667

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Manages County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 10</u>	<u>\$ 180.00</u>	<u>Fair Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Squaw Valley Institute

ADDRESS (Business Address Acceptable)

1810 Squaw Valley Road, Olympic Valley, CA 96146

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Olympic Heritage Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 10</u>	<u>\$ 200.00</u>	<u>Tickets to Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: *Speaker at IGA Event on July 8-9, 2010

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>EDWARD GAINES</u>

► NAME OF SOURCE
California Center

ADDRESS (Business Address Acceptable)
1220 H Street, #102, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Educational Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 10 / 10</u>	<u>\$ 50.00</u>	<u>Tickets to event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
John A. Perez for Assembly

ADDRESS (Business Address Acceptable)
777 S. Figueroa St, Ste 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Placer/Nevada Medical Society

ADDRESS (Business Address Acceptable)
1363 Starr Drive #2, Yuba City, CA 95993

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents Physicians

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 26 / 10</u>	<u>\$ 30.00</u>	<u>Tickets for dinner</u>
<u>10 / 24 / 10</u>	<u>\$ 40.00</u>	<u>Tickets for dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
El Dorado County Association of Realtors

ADDRESS (Business Address Acceptable)
4096 Mother Lode Drive, Shingle Springs, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents Realtors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 10</u>	<u>\$ 50.00</u>	<u>Tickets to event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Association of CA Life & Health Insurance Companies

ADDRESS (Business Address Acceptable)
1201 K street, Ste 1820, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Represents Health Companies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 10</u>	<u>\$ *1363.65</u>	<u>Food/Lodging/beverag</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: Gift not subject to limits due to Senator participation in panel for duration of event.

RECEIVED

MAR 18 2011

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

BY:

(d)(5)



2011 MAR 22

► NAME OF SOURCE
National Association for Stock Car Auto Racing
ADDRESS (Business Address Acceptable)
P.O.Box 2801, Daytona Beach, FL 32120
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Racing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 10	\$ 266.00	Tickets and Parking
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Verification

Print Name Edward M. Gaines
Office, Agency or Court CA State Senate, Dist. 1
Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed March 17, 2011
(d)(5)
Signature _____

Comments: _____

APR 29 2011

MAY - 5 2011

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT



1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

GAINES RANCH

Name of Business Entity or _____

Street Address or Assessor's Parcel Number of Real Property _____

FARMING

Description of Business Activity or _____

City or Other Precise Location of Real Property _____

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____ Yrs. remaining

☒ Other **FAMILY**

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Verification

Print Name

Edward Gaines

Office, Agency or Court

Senate, State of California

Statement Type

☒ 2010/2011 Annual ☐ ____ (yr) Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

4-29-11

(month, day, year)

Signature

(d)(5)



JUL 11 2011

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION**SCHEDULE C**
Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**AMENDMENT**

11 JUL 12 PM 12:34

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Pointwest Insurance Associates

ADDRESS (Business Address Acceptable)

865 Howe Avenue, Sacramento, Ca 95825

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

YOUR BUSINESS POSITION

Marketing Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
 (Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
 (Describe)

Comments:

2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address

City

☐ Guarantor _____

☐ Other _____
 (Describe)

VerificationPrint Name Edward GainesOffice, Agency or Court Senate, State of CaliforniaStatement Type ☒ 2010/2011 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7/11/11
(month, day, year)

Signature

(d)(5)



SCHEDULE A-2

**Investments, Income, and Assets
of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

11 JUL 12 PM 12:34

1. BUSINESS ENTITY OR TRUST

Gaines Ranch

Name

P.O. Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Diamond Walnut Foods
Sunsweet

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☒ Other Family
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Verification

Print Name Edward Gaines

Office, Agency or Court Senate, State of California

Statement Type ☒ 2010/2011 Annual ☐ Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

7/11/11
(month, day, year)

Signature

(d)(5)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
AMENDMENT TO SCHEDULE A-2
11 JUL 12 PM 12:34

JUL 11

SP

Edward M. "Ted" Gaines

Additional Information for the Schedule A-2

2010-2011

GAINES RANCH

ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN # 013-311-001-9
013-311-002-9
013-312-002-9
013-312-003-0
013-312-004-9
013-313-001-9
013-314-001-9
013-314-007-0

013-312-001-9
013-314-005-9
012-120-017-000

Parcels sold in reference to Schedule C

013-313-011-9
013-313-009-9
013-312-007-9
013-312-009-9



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

11 SEP -8 PM 12:34

1. BUSINESS ENTITY OR TRUST

Gaines Ranch

Name

P.O. Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☒ Partnership

☐

Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

Diamond Walnut Foods

Sunsweet

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☒ Other Family

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Verification

Print Name Edward Gaines

Office, Agency or Court Senate, State of California

Statement Type ☒ 2010/2011 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 9/2/2011
(month, day, year)

Signature

(d)(5)



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
AMENDMENT TO SCHEDULE A-2

Edward M. "Ted" Gaines

11 SEP -8 PM 12:34

Additional Information for the Schedule A-2

2009-2010

GAINES RANCH

ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN #

013-311-001-9

013-311-002-9

013-312-002-9

013-312-003-0

013-312-004-9

013-313-001-9

013-314-001-9

013-314-007-0

013-312-001-9

013-314-005-9

012-120-017-000



SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**

Gaines Ranch

Name

P.O. Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2☐ Business Entity, complete the box, then go to 2**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/10
ACQUIRED____/____/10
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship☒ Partnership☐ Other

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☒ \$1,001 - \$10,000**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

Diamond Walnut Foods

Sunsweet

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT☒ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000____/____/10
ACQUIRED____/____/10
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold

Yrs. remaining

☒ Other Family☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

VerificationPrint Name Edward GainesOffice, Agency or Court Senate, State of CaliforniaStatement Type ☒ 2010/2011 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 9/2/2011
(month, day, year)

Signature _____

(d)(5)

AMENDMENT TO SCHEDULE A-2

Edward M. "Ted" Gaines

**Additional Information for the Schedule A-2**

2010-2011

GAINES RANCH**ITEM #4**

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN # 013-311-001-9
013-311-002-9
013-312-002-9
013-312-003-0
013-312-004-9
013-313-001-9
013-314-001-9
013-314-007-0

013-312-001-9
013-314-005-9
012-120-017-000